



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E461110**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-02324	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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DATE OF COLLISION	09	12	2015	TIME (2400)	2055	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> OF 0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20TH ST SE		BLOCK NO. <input checked="" type="checkbox"/> 8900
		MILE POST <input type="checkbox"/>

DISTANCE	15	00	MILES	<input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	91ST AVE SE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 4253770195
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LAST NAME	KIBBY	FIRST NAME	AMY	MIDDLE INITIAL	E
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STREET NEW ADDRESS	3312 95TH DR SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	KIBBYAE066L8	STATE	WA	SEX	F	D.O.B. MMDDYYYY	06	28	1994
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AVS2716	STATE	WA	VIN#	JT2BG12K0T0360259
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1996	MAKE	TOYT	MODEL	CAMRY	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA0663263
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 4252239189
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LAST NAME	KALOUGUINA	FIRST NAME	IOULIA	MIDDLE INITIAL	
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STREET NEW ADDRESS	7006 143RD PL NE
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CITY	REDMOND	ST	WA	ZIP	98052
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	KALOU1*256B8	STATE	WA	SEX	F	D.O.B. MMDDYYYY	01	28	1975
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	AKK9954	STATE	WA	VIN#	JTJBT20X250089261
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	LEXS	MODEL	GX 470	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **EMILIAN KRONTCHEV 7006 143RD PL NE REDMOND WA 98052**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA1002817
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	G. HEINEMANN #133	BADGE OR ID #	#0133	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E461110**

CASE # **15-02324**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LEPILKINA OXANA																
ADDRESS & PHONE #		2111 107TH AVE SE LAKE STEVENS WA 98258																
SEX		F		D.O.B. MMDDYYYY		04		-		01		-		1975				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES UNKNOWN
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On September 12th, 2015 at approximately 2055 hours, I was dispatched to the intersection of 91st Ave SE and 20th ST SE for a collision/disturbance. I arrived to speak with the driver of Unit 1 who indicated that they were stopped at the light (91st AVE SE) , facing eastbound on 20th ST SE (8900 blk) when the light turned green. She then anticipated Unit 2 to begin acceleration but they did not. The driver of Unit 1 then tapped the rear end of Unit 2. There was no damage what so ever to unit 2. Unit 1 had a slight dent in the front license plate. The collision occurred at a very low speed. The passenger in Unit 2 was fine when I arrived on scene but after approximately 20 minutes, she started to say she needed her name in the collision report in case she had injuries the next day. She then stated she needed an aid car. The fire department came to the scene and transported the passenger of Unit 2 to the hospital for further evaluation.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN #133

09-14-15 04:40 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

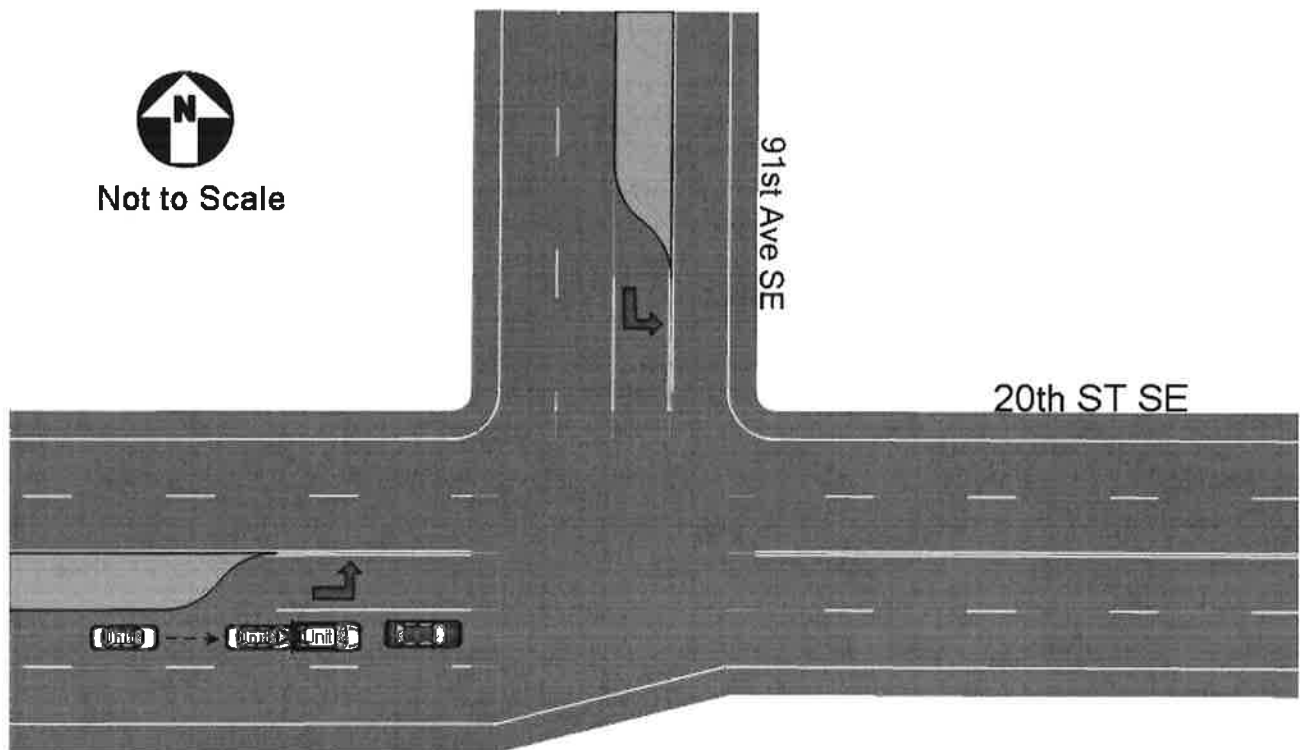
APPROVED BY

DATE

BOB SUMMERS 079

9/14/2015 5:00:24 AM

BADGE OR ID #	#0133	ORI #	WA0311900	TIME POLICE DISPATCHED	8:55 PM	TIME POLICE ARRIVED	9:01 PM
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Incident History for: #SS15018542 Xref: #AG15002870

Case Numbers: \$\$\$15002324

Entered 09/12/15 20:55:12 BY SPCT04 SP0136

Dispatched 09/12/15 20:55:24 BY SPSC40 SP0297

Enroute 09/12/15 20:55:24

Onscene 09/12/15 21:01:14

Closed 09/12/15 21:46:18

Initial Type: DIST Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-4 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/91 AV SE , LKS (V)

Loc Info: EB 20 ST SE

Name: KIBBY, AMY

Addr:

Phone: 4253207170

/2055 (SP0136) ENTRY , CC RP HIT THE CAR, OTHER PARTY BEING VERBAL
/2055 (SP0297) DISPER 19N3 #SS133 HEINEMANN, OFFICER (GAVIN)
/2055 (SP0136) SUPP TXT: AID DECLINED, RP AFRAID TO GET OUT OF HER C
AR. RP IN A TAN TOY CAMRY
/2055 SUPP TXT: OTHER PARTY IN A SIL LEXUS
/2056 SUPP NAM: KIBBY, AMY,
PHO: 4253207170
/2056 SUPP TXT: THERE ARE 2 SUBJS IN OTHER CAR. RP IS ALONE

/2059 (SS133) REMINQ 19N3 MDTVEH, APK3086, , WA, , , , , , , , , ,
/2100 (SP0288) ASSTER 19N4 [20 ST SE/91 AV SE , LKS]
#SS134 LYONS, OFFICER (CHRIS)

/2101 (SS133) *ONSCNE 19N3
/2102 (SS134) *ONSCNE 19N4
/2057? (SP0374) SUPP LOCI: EB 20 ST SE,
NAM: KALOUGUIMA, IOULIA,
PHO: 4252239189,
TXT: LANG BARRIER , CC, JO, 2 VEH ACC, NON INJ,
BLKING, LEXUS SUV VS PC

/2103 (*****) REMINQ 19N3 AKC9954
/2103 (SP0288) REMINQ 19N3 LIC, 19N3, AKC9954, , ,
/2103 (*****) REMINQ 19N3 AVS2716
/2103 (SP0288) REMINQ 19N3 LIC, 19N3, AVS2716, , ,
/2108 OK 19N3 , NFC
/2108 OK 19N4
/2117 (SS133) REMINQ 19N3 MDTWANT, KALOUGUINA, IOULIA, , 012875, , , WA, , , , , , , , , ,
, , , , ,
/2123 (SP0288) CROSS #AG15002870
/2124 (SS133) REMINQ 19N3 MDTWANT, LEPILKINA, OXANA, , 040175, , , WA, , , , , , , , , ,
, , ,
/2127 *MISC 19N3 , LEPILKINA, OXANA DOB/04-01-1975 FEMALE R/2111 10
7TH AVE SE
/2131 (SP0288) MISC 19N4 , AID OS
/2138 ASNCAS 19N3 \$\$\$15002324
/2146 CLEAR 19N3 D/H T/COL
/2146 CLEAR 19N4 D/H T/COL
/2146 CLOSE 19N4

SPD
Original